

IAP20 Res'DENYED 19 JAN 2006

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	A BIOLOGICAL MARKER FOR INFLAMMATION
Attorney Docket Number::	FISHMAN19B
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Pnina

Middle Name::
Family Name:: FISHMAN
Name Suffix::
City of Residence:: Herzliya
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 19 Asher Barash Street
City of Mailing Address:: Herzliya
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 46365
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Sara
Middle Name::
Family Name:: BAR-YEHUDA
Name Suffix::
City of Residence:: Rishon Le Zion
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 21B Arbel Street
City of Mailing Address:: Rishon Le Zion
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 75474
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Lea
Middle Name::
Family Name:: MADI
Name Suffix::

City of Residence:: Rishon Le Zion
 State or Province of Residence::
 Country of Residence:: Israel
 Street of Mailing Address:: 27 Richard Fienman Street
 City of Mailing Address:: Rison Le Zion
 State or Province of Mailing Address::
 Country of Mailing Address:: Israel
 Postal or Zip Code of Mailing Address:: 75791

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/IL05/001279	11-30-05
PCT/IL05/001279	Appln claiming benefit of 35 USC 119(e)	60/632,198	12-02-04
PCT/IL05/001279	Appln claiming benefit of 35 USC 119(e)	60/657,718	03-03-05

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Assignment Information

Assignee Name:: Can-Fite Biopharma Ltd.
 Street of Mailing Address:: 10 Bareket Street
 City of Mailing Address:: Petach Tikva
 State or Province of Mailing Address::
 Country of Mailing Address:: Israel
 Postal or Zip Code of Mailing Address:: 49170